COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD OF MANUFACTURING PACKAGING ARTICLES, AND A CORRESPONDING MANUFACTURING MACHINE.

the specification of which: (check one)

[X]

is attached hereto.

REGULAR OR DESIGN APPLICATION

[] was filed amended	on (if ap	as application Serial No pplicable).	and was	
PCT	FILED APPLICATION EN	ITERING NATIONAL STAGE		
	ribed and claimed in Intern nended on	national application No	filed on	
I hereby state that I have revieuclaims, as amended by any ame	wed and understand the conditional referred to above.	ontents of the above-identified sp	pecification, including the	
Federal Regulations, §1.56.	close information which is	material to patentability as defin	ned in Title 37, Code of	
PRIORITY CLAIM				
I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.				
PRIOR FOREIGN APPLICATION(S)				
Country	Application Number	Date of Filing (day, month, year)	Priority . Claimed	
FRANCE	99 08098	24.06.1999	NO	
		7. 700		
manner provided by the first provided to patentability as definiting date of the prior application	ler 35 USC 120 of any Uni claims of this application is paragraph of 35 USC 112, ned in Title 37 Code of Fede	ited States application(s) listed be not disclosed in the prior United I acknowledge the duty to discleral Regulations §1.56 which becanternational filing date of this app	States application in the lose information which is me available between the	
(Application Serial No.)	(Filing Date)	(Status-patented, pending, abandone	ed)	

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 000466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949 and Eric JENSEN, Reg. No. 37,855,

c/o YOUNG & THOMPSON, Second Floor, 745 South 23rd Street, Arlington, Virginia 22202.

Form Y&T (6/00)

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Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

HERE	
Full name of sole or first inventor: Mighel MARCEL	
(given name, family name)	
Inventor's signature	Date <u>December 17, 20</u> 01
Residence: Ruelle du Bouquet 77410 VILLEVAUDE (Franc	Citizenship: French
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Full name of second joint inventor, if any Christophe MARCEL (given name, family name)	
Inventor's signature	Date <u>December 17, 2</u> 001
Residence: Ruelle du Bouquet 77410 VILLEVAUDE (Fran	ceGitizenship: French
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Full name of third joint inventor, if any: (given name, family name)	
Inventor's signature	Date
Residence:	Citizenship:
Post Office Address:	
Full name of fourth joint inventor: (given name, family name)	
Inventor's signature	Date
Residence:	Citizenship: